



Member # _____ # in your party: _____ Date: __/__/2010 Time Seated: ____:____

Not required if you don't want to ID yourself

Rate your food/dining experience from 1 to 10 for each diner:

of Specials Ordered: _____

Off menu, (ie; 1, 4 and 6th item on the menu or (3) #1's, etc: _____

Rate your server and service on 1 to 10 scale: _____ Comment _____

Overall value: ____ Good deal ____ Just right/fair ____ Too Expensive ____ Not Worth it

Any other comments/suggestions/compliments: _____

Time we left the Galley ____:____